Mad in America
SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

When the Help Becomes Part of the Problem

By **Anne Auguste** - May 10, 2024

My first encounter with the psychiatric system in America was at the age of 18. I spent my days crying — if not crying, I was thinking about how my presence in space and time was inherently burdening others. Not to mention, I was failing all my classes, and my GPA for my first semester of college was a measly .5 on the 4.0 scale. I was a failure.

The breaking point was my 20th call to the national suicide hotline in three months; I had told the woman, while I sobbed, that I felt like a burden to everyone in my life and that I felt like I was not in my own body anymore.

“Where is the counseling office at your school? I think you should go there and speak to someone in person.” A voice as sweet as pure molasses lulled.

“They are not going to believe me; they are going to think I’m just faking.”

“I believe you; I don’t think you are faking. I’ll stay on the call with you as you walk there. I’m here, honey.”

I made my way to the counseling center, which was in an unremarkable beige building on the curb of a four-way intersection. The industrial architecture of the university building seemed even colder as I somberly entered. It was December, and it was the coldest December I had experienced. At that moment, I felt the weight of my existence crushing me; I felt trapped under it, like Sylvia Plath in *The Bell Jar*. With each step I took into the building, the kilos of shame I had felt since the age of five built up upon my back. My knees began to buckle, and the tears I had convinced to stop pouring began to rise from the depths of my soul and pooled along the surface of my eyes.

“Okay, I’m here; I am at the counseling office; thank you for staying with me.”

“No problem, honey, anytime. Please don’t hesitate to call again. My name is Jane, and I’ll be on call for a few more hours. I wish you the best.”

“Thank you, Jane. Goodbye.”

I approached the wheat-colored wooden door, wrapped my hands around the cold silver handle, and pushed it open.

A Black woman with a warm Jamaican accent greeted me. Her name was Leslie, I later learned. She immediately noticed the tears cascading down my sunken cheeks.

“Hello, is there any way I can see someone right now?” I asked. She replied, “We are about to close, but one counselor is open now. Give me your student ID and

I'll sign you in." I gave her my information and she went off.

As she retrieved the last counselor in office for the day, I sat in the brightly colored waiting area that was to the left of the entrance and adjacent to Leslie's desk. I began deleting all of my photos from my silver iPhone. Pictures of me and the really smart guy in my logic class I'd been seeing for the past two months — gone. Family pictures — gone. I was, in essence, deleting my existence. I did not want to exist any longer — in any form.

As I approached the last row of pictures to be deleted, Leslie poked her head into the lobby and said, "Mr. Ramirez is –" She stopped before the end of her statement as she took a deeper look at me. I was huddled in the chair in the corner, trying to cover my face that was drowning in one-tenth of the weight of my pain in tears. "Hey Anne, Mr. Ramirez is ready to see you now. There are also tissues on the coffee table if you need."

A shaky "Okay, thank you" exited my mouth as I stood up and picked up my items that I had sloppily placed on the floor. I grabbed three Puffs Plus Lotion tissues and placed them in my pocket. I didn't wipe my face; I was too exhausted trying to hide my identity's frayed and beaten parts. Leslie had made her way back to her desk and Mr. Ramirez approached me as I left the lobby and walked towards the offices. He stood midway between his office and the lobby and extended his right arm towards an amber-illuminated room at the far end of the hallway. That was the beginning of the beginning.

I was to be escorted to one of the hospitals surrounding the university by a young police officer. He was amicable, handsome, and seemed to be around the age of twenty-five. I'll call him Carlos. Carlos picked me up from Mr. Ramirez's office after I had confessed to being a harm to myself publicly — in front of a pair of human eyes and ears, which, to me, seemed to have been made by a deity that insisted on my degradation. I had confessed my sins aloud, and I felt better. By confessing to being ill in some way, some capacity of my shortcomings and failures were justified — because someone believed me.

Carlos walked me out of the building and onto a dingy parking lot that separated the counseling building from the soccer field. The lot was small and empty, the

once black asphalt now a greyish color due to wear; it seemed like it hadn't been maintained in a decade. Carlos unlocked and opened the door of the right rear seat and made his way to the driver's seat. I slid into the car and sat down. Initially, I was a bit bemused. "Do all police cars not have cushions on the back seats?" I asked. (I suppose my childish proclivity for asking questions had not left me.) As he fastened himself in, I could see a smirk appearing from the right corner of his thick brownish-pink lips; he chuckled and said jokingly, "Criminals should be comforted on their way to jail now, eh?" A contorted smile appeared on my face, and we went off.

Upon reaching the hospital, I was greeted by two desk clerks. They wore white and navy uniforms, gleaming with as much pride as the individuals wearing them had. Not a single wrinkle nor oil stain from lunch was in sight. I was asked for my ID, insurance, and other things that hospital staff typically ask of a patient. One of the clerks was a short, heavyset man with a head as shiny as armor and a mustache so thick it seemed to be alive — ready to jump off of his face at a moment's notice. The other, a woman about four heads taller than the man. In retrospect, it was a comical sight. But at that moment, all I could think about was what future awaited me beyond the white swinging traffic doors of the ER lobby. Carlos was with me for the entire duration of the check-in. He left shortly after.

It is escaping me whether I encountered an emergency doctor or nurse, but the man was dressed in scrubs and almost frantically moving around the perimeter of where I was. He finally addressed me as I waited near the front of the emergency room. "She's claiming to be suicidal. Can you take her vitals and then take her down to Crisis for an eval," he ordered a subordinate. My vitals were taken, and everything came back okay.

After that interaction, my backpack, electronics, cell phone, and everything else were confiscated. I only had the clothing on my body, a folder, and a book. I was then given a final moment to talk to my parents on the hospital phone before I was placed in the Crisis ward.

The subordinate was a tall man, resembling Shaquille O'Neal in stature. As we exited the emergency room and entered a corridor, we approached a set of doors. He leaned over me, pushed the door forward, and told me to go to the

desk that was straight ahead. The unit resembled a detention center. All ten cells that outlined the U-shaped corridor were constructed out of white-painted cinder block, plexiglass, and bolts. The beds within the rooms were fused to the floor; a thin mat served as a mattress, and paper served as bedding. As I made my way into the view of the four people in a cubicle that seemed to be a CCTV control room, I noticed at least ten monitors displaying scenes from inside patients' cells. I felt institutionalized from the beginning.

After making my presence known to the staff, I was placed into an empty cell.

During the evaluation, a nurse with a piercing gaze approached me. She was wearing royal blue scrubs and a white silicon wedding band. She came into my unit and began to ask me questions. "So, what's wrong? Are you sure you aren't just having a bad day? You know, sometimes I have bad days where I feel like nothing is working out." I was dismayed by her comment. I'll never forget it.

In the wake of proving myself to be a legitimate risk to my person, I asked to use the bathroom. The first 'normal' thing I did in over 24 hours. On my short walk to the lavatory, I finally peered into the rooms of my neighbors and saw bodies that resembled corpses. They lay perfectly straight in the cinder block cells. A few hours earlier, one fellow had caused a disturbance and was subsequently put in a straitjacket. I remember him the most. During my four-day stay, there was a woman who came in accompanied by multiple police officers. While being detained, she yelled the slur, "NI****," to the officer directly in front of her. This was before spitting at her. Thankfully, a bed in Inpatient became available that night, and I finally left Crisis.

My stay was a prolonged one. During my first night in Crisis, I was given pills to fall asleep and pills to stabilize my mood. This continued throughout my stay. I saw a psychiatrist once every day. I knew after seeing her, it would be another 24 hours until I'd see her again. I remember our meetings being short and curt. She would enter my cell with a few papers stacked on a clipboard. Our conversations began with the typical small talk. "How are you?" "The cafeteria has fresh oranges today. Would you like any?" During those moments I felt the most human. Unfortunately, those moments were short-lived; she would swiftly and awkwardly begin inquiring about the psychotropics I had been given.

"Are you having trouble falling asleep? Is the medication working?"

She asked about when I first began having suicidal thoughts. I told her that they would sometimes flit through my head during stressful periods between the ages of eleven to sixteen. It wasn't until COVID that they became longstanding. She ended the conversation by telling me that I could ask the staff for more sleeping medication if I needed it and that she'd see me the following day. I was not introduced to any form of counseling during my stay.

They put me in a wheelchair, although the only damaged part of me at the moment couldn't be physically touched. I was then sent upstairs to the inpatient unit.

I roomed with a Portuguese woman who was diagnosed with bipolar disorder. The staff believed she was going through a manic episode. I just assumed she was extra chipper despite the circumstances. From what I gathered from her limited English, she had a dog and a son. She spoke of them fondly; she provided sunshine to my days. Life seemed to rush through her veins.

I wrote of the life I wanted to create for myself and reflected on my past between the pages of Haruki Murakami's *What I Talk About When I Talk About Running*. I underlined a paragraph I would mediate on religiously for the entirety of my inpatient stay:

"Nobody's going to win all the time. On the highway of life you can't always be in the fast lane… Best to learn from my mistakes and put that into practice the next time around. While I still have the ability to do so."

I did not take a shower during my nearly two-week stay out of fear of being sexually assaulted in the communal space. This fear became even more real after a female patient accused a male nurse who oversaw the showering space of being a Peeping Tom.

Later on, I met with another psychiatrist who officially gave me my label: Major Depressive Disorder. I was deeply relieved to receive a diagnosis. The thought that *something*, beyond myself, was interfering with my ability to bear the weight

of my own existence was liberating. I could let myself off the hook for at least some of my shortcomings.

After receiving my diagnosis, I was put on Sertraline (Zoloft), which made me extremely nauseous. My doctor then switched me to Escitalopram (Lexapro). I felt like an institutionalized guinea pig instead of an individual in need of humanistic and holistic help.

I was discharged on December 14, 2021, but remnants of myself are still lingering around the hospital. My experience saved my life, but it wasn't the medications that did it. In retrospect, I can acknowledge that the experience exposed me to the beauty that dwelled within human beings; most of whom I did not know yet they devoted their time to ensure that my life was lengthened due to its innate value.

Despite this, the feeling of being institutionalized and medicated over minor ailments is difficult to shake. I have been to countless therapy sessions attempting to deconstruct the feelings of dehumanization into digestible morsels. What I went through was anomalous in that it could have been so much worse. I've spent many nights talking to individuals on online forums who have had worse experiences in psychiatric wards than I. Tales of individuals forcibly isolated during panic attacks, being sexually assaulted in multiple-occupancy rooms, having to be at the mercy of lengthy waitlists, and being restrained for being 'non-compliant' to treatment.

To be human is to go through challenges. Sometimes maladaptive thinking and/or behavior thwarts our ability to function at the level that we are called to. The role of the psychiatrist should be to assess an individual's mental state and to determine as the *last* option that they need medication. Medication should never be endorsed as the only and primary choice of treatment for mental disorders.

A few months after first taking Lexapro I quit and was better for it. This was after battling my way through spells of fatigue during my lectures. Although I was not suicidal anymore, I could not function at a standard I was happy with due to mental fuzziness. After quitting medication and simply receiving counseling I came to enjoy life without feeling mentally barren or subdued. I was

able to utilize the coping skills I had learned during therapy to sustain myself through perceived failures and inadequacies. What has helped me the most did not reside within a pill bottle. It was finding radical self-acceptance.

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Anne Auguste is an undergraduate student at Rutgers University. She is concentrating in psychology on a premed track. She is also a junior scientist at Rutgers and Yale. At Rutgers, she studies behavioral addiction, specifically gambling. At Yale, she studies the effects of peer support on substance use recovery.